Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000200339 3)))



H100002003383ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : I20000000019

: (305)552-5973

: (305)220-1440 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S3 COURT RECEIVERS LLC

Certificate of Status

Certified Copy

Page Count

03

Estimated Charge

\$25.00

T. CLINE

SEP 10 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

09/09/2010 12:28

> 09-09-'10 11:07 FROM-

3052201440

H10000200339

LAZARUS

T-181 P002/004 F-516

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S3 Cou	rt Receivers, LLC			
(Name of the Limited Liability (A Florida )	Company as it now appears on ou Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability C	Company were filed on Februa	ary 11,2010	and assigned	
Florida document numberL10000015938	<u> </u>			
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the lim	ited liability company here:	•	2010 SEI	
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company," the	e designation "LLC	55.57 60	ioq:-
Enter new principal offices address, if applicable:				- (C
(Principal office address MUST BE A STREET ADD)	RESS)		ORIDE I	- -
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				-
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, <u>enter the</u>	name of the n	icw
Name of New Registered Agent:				_
New Registered Office Address:	Enter Flo	riða street addres	\$	-
		. Florida		
<del></del>	City		Zip Code	-

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

09/09/2010 12:28 30522 - 09-09-'10 11:08 FROM-

3052201440

LAZARUS

T-121 P003/004 F-516

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action Address <u>Title</u> Name MGR Agaro, C Add Remove 8211 W. Broward Blvd., Ste 400 Plantation, Fla. 33324 🗌 Add Remove \_\_\_Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Page 2 of 2

Agaro, C

Typed or printed name of signes

Filing Fee: \$25.00